

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
AMENDMENT

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MAR 1 2012



Please type or print in ink.

BY: COG

NAME OF FILER (LAST) Gordon (FIRST) Richard (MIDDLE) S.

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

21st Assembly District

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California

Date Signed 3/1/12  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br><b>AMENDMENT</b> |
|---|

► NAME OF SOURCE  
John A. Perez for Assembly

ADDRESS (Business Address Acceptable)  
777 So. Figueroa St, #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Speaker of the State Assembly

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)  |
|---------------------|------------------|-------------------------|
| <u>2 / 8 / 11</u>   | \$ <u>117.09</u> | <u>Caucus Dinner</u>    |
| <u>2 / 9 / 11</u>   | \$ <u>84.30</u>  | <u>Jacket</u>           |
| <u>12 / 13 / 11</u> | \$ <u>38.68</u>  | <u>Dinner in Israel</u> |

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |

**Filer's Verification**

Print Name Richard S. Gordon


Office, Agency or Court California State Assembly - District 21

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/1/12

Filer's Signature 

Comments: \_\_\_\_\_

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

RECEIVED  
FAIR STATEMENT OF ECONOMIC INTERESTS  
PRACTICES COMMISSION

RECEIVED  
Date Received  
Official Use Only

2012 FEB 22 PM 4:27 COVER PAGE

EB

FEB 21 2012

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gordon Richard S.

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

21st Assembly District

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Office sought, if different than Part 1: \_\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(c)(1)

Date Signed 2/21/12  
(month, day, year)

Signature \_\_\_\_\_  
(c)(1)  
your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br>Richard S. Gordon   |

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
12288 Lake Wildwood Drive

CITY  
Lake Wildwood, CA 95946

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
ACQUIRED      DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Anna Cooper

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
750 Van Ness Avenue, #1305

CITY  
San Francisco, CA 94102

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
ACQUIRED      DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Joey Vaughn

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_  
INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_%      ☐ None      \_\_\_\_\_  
HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_  
INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_%      ☐ None      \_\_\_\_\_  
HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Richard S. Gordon

► NAME OF SOURCE

Bay Area Council

ADDRESS (Business Address Acceptable)

200 California #1450, San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Advocacy

| DATE (mm/dd/yy)    | VALUE            | DESCRIPTION OF GIFT(S)    |
|--------------------|------------------|---------------------------|
| <u>1 / 6 / 11</u>  | <u>\$ 96.48</u>  | <u>Legislative Dinner</u> |
| <u>8 / 29 / 11</u> | <u>\$ 120.00</u> | <u>Legislative Dinner</u> |
| <u>11 / 3 / 11</u> | <u>\$ 95.00</u>  | <u>Annual Dinner</u>      |

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

New Democratic Caucus (Moderate Caucus)

| DATE (mm/dd/yy)    | VALUE            | DESCRIPTION OF GIFT(S)       |
|--------------------|------------------|------------------------------|
| <u>1 / 31 / 11</u> | <u>\$ 92.00</u>  | <u>Legislative Dinner</u>    |
| <u>8 / 18 / 11</u> | <u>\$ 120.00</u> | <u>Tech Tour (8/18,8/19)</u> |
| <u>8 / 22 / 11</u> | <u>\$ 95.00</u>  | <u>Luncheon</u>              |

► NAME OF SOURCE

California Healthcare Institute

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 940, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BioMed Innovation

| DATE (mm/dd/yy)   | VALUE            | DESCRIPTION OF GIFT(S) |
|-------------------|------------------|------------------------|
| <u>2 / 1 / 11</u> | <u>\$ 118.11</u> | <u>BioMed Dinner</u>   |
| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>               |
| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>               |

► NAME OF SOURCE

BayBio

ADDRESS (Business Address Acceptable)

400 Oyster Point Blvd, S. San Francisco, CA 94080

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BioMed Innovation

| DATE (mm/dd/yy)   | VALUE            | DESCRIPTION OF GIFT(S) |
|-------------------|------------------|------------------------|
| <u>2 / 1 / 11</u> | <u>\$ 118.11</u> | <u>BioMed Dinner</u>   |
| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>               |
| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>               |

► NAME OF SOURCE

John A. Perez for Assembly

ADDRESS (Business Address Acceptable)

777 So. Figueroa St, #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Speaker of the State Assembly

| DATE (mm/dd/yy)   | VALUE            | DESCRIPTION OF GIFT(S) |
|-------------------|------------------|------------------------|
| <u>2 / 8 / 11</u> | <u>\$ 117.09</u> | <u>Caucus Dinner</u>   |
| <u>2 / 9 / 11</u> | <u>\$ 84.30</u>  | <u>Jacket</u>          |
| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>               |

► NAME OF SOURCE

Miller/Coors LLC

ADDRESS (Business Address Acceptable)

3001 Douglas Blvd, Suite 200, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Freshman Beer Pairing Event

| DATE (mm/dd/yy)   | VALUE           | DESCRIPTION OF GIFT(S) |
|-------------------|-----------------|------------------------|
| <u>3 / 1 / 11</u> | <u>\$ 54.49</u> | <u>Dinner</u>          |
| <u>  /  /  </u>   | <u>\$</u>       | <u> </u>               |
| <u>  /  /  </u>   | <u>\$</u>       | <u> </u>               |

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Richard S. Gordon

► NAME OF SOURCE

Northern California Water Association

ADDRESS (Business Address Acceptable)

455 Capitol Mall, Suite 335, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Water Use Efficiency, Fish Passage, Solar Power

| DATE (mm/dd/yy)    | VALUE           | DESCRIPTION OF GIFT(S) |
|--------------------|-----------------|------------------------|
| <u>3 / 24 / 11</u> | <u>\$ 57.17</u> | <u>Tour of Delta</u>   |
| <u>  /  /  </u>    | <u>\$</u>       | <u> </u>               |
| <u>  /  /  </u>    | <u>\$</u>       | <u> </u>               |

► NAME OF SOURCE

San Mateo Medical Association

ADDRESS (Business Address Acceptable)

777 Mariners Island #100, San Mateo, CA 94404

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Physician Support and Advocacy

| DATE (mm/dd/yy)   | VALUE            | DESCRIPTION OF GIFT(S) |
|-------------------|------------------|------------------------|
| <u>4 / 4 / 11</u> | <u>\$ 106.63</u> | <u>Annual Dinner</u>   |
| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>               |
| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>               |

► NAME OF SOURCE

Peninsula Open Space Trust

ADDRESS (Business Address Acceptable)

222 High Street, Palo Alto, CA 94301

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Land Trust

| DATE (mm/dd/yy)    | VALUE           | DESCRIPTION OF GIFT(S)       |
|--------------------|-----------------|------------------------------|
| <u>7 / 26 / 11</u> | <u>\$ 69.00</u> | <u>LL Bean Fleece Jacket</u> |
| <u>  /  /  </u>    | <u>\$</u>       | <u> </u>                     |
| <u>  /  /  </u>    | <u>\$</u>       | <u> </u>                     |

► NAME OF SOURCE

California Dental Association

ADDRESS (Business Address Acceptable)

1201 K Street, 14th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dentist Support and Advocacy

| DATE (mm/dd/yy)    | VALUE            | DESCRIPTION OF GIFT(S)     |
|--------------------|------------------|----------------------------|
| <u>8 / 17 / 11</u> | <u>\$ 68.32</u>  | <u>Leg. Dinner for Two</u> |
| <u>8 / 24 / 11</u> | <u>\$ 124.31</u> | <u>Josh Groban Concert</u> |
| <u>  /  /  </u>    | <u>\$</u>        | <u> </u>                   |
| <u>  /  /  </u>    | <u>\$</u>        | <u> </u>                   |

► NAME OF SOURCE

San Francisco International Airport

ADDRESS (Business Address Acceptable)

P.O. Box 8097, San Francisco, CA 94128

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Airport

| DATE (mm/dd/yy)    | VALUE            | DESCRIPTION OF GIFT(S)   |
|--------------------|------------------|--------------------------|
| <u>9 / 17 / 11</u> | <u>\$ 363.00</u> | <u>Parking (11 days)</u> |
| <u>  /  /  </u>    | <u>\$</u>        | <u> </u>                 |
| <u>  /  /  </u>    | <u>\$</u>        | <u> </u>                 |

► NAME OF SOURCE

Oceano Hotel - Moon Bay Harbor

ADDRESS (Business Address Acceptable)

280 Capistrano Road, Half Moon Bay, CA 94019

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hotel

| DATE (mm/dd/yy)    | VALUE            | DESCRIPTION OF GIFT(S) |
|--------------------|------------------|------------------------|
| <u>9 / 30 / 11</u> | <u>\$ 150.00</u> | <u>One Night Stay</u>  |
| <u>  /  /  </u>    | <u>\$</u>        | <u> </u>               |
| <u>  /  /  </u>    | <u>\$</u>        | <u> </u>               |

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name Richard S. Gordon

► NAME OF SOURCE

Tech America

ADDRESS (Business Address Acceptable)

601 Pennsylvania Ave, NW, #600, Wash DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Technology Education and Advocacy

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>1 / 21 / 11</u>  | <u>\$ 50.00</u>  | <u>Tour and Lunch</u>  |
| <u>10 / 11 / 11</u> | <u>\$ 175.00</u> | <u>Awards Dinner</u>   |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |

► NAME OF SOURCE

University of Southern California

ADDRESS (Business Address Acceptable)

840 Childs Way

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Los Angeles, CA 90089

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)        |
|---------------------|------------------|-------------------------------|
| <u>10 / 29 / 11</u> | <u>\$ 135.00</u> | <u>Ticket, Parking, Lunch</u> |
| <u>10 / 29 / 11</u> | <u>\$ 135.00</u> | <u>Ticket, Parking, Lunch</u> |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>                      |

► NAME OF SOURCE

Jewish Voice for Peace

ADDRESS (Business Address Acceptable)

1611 Telegraph Ave, #550, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

American Israel Political Action Committee

| DATE (mm/dd/yy)    | VALUE            | DESCRIPTION OF GIFT(S)   |
|--------------------|------------------|--------------------------|
| <u>12 / 4 / 11</u> | <u>\$ 125.00</u> | <u>Membership Dinner</u> |
| <u>  /  /  </u>    | <u>\$</u>        | <u> </u>                 |
| <u>  /  /  </u>    | <u>\$</u>        | <u> </u>                 |

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

|                                     |            |
|-------------------------------------|------------|
| <b>CALIFORNIA FORM</b>              | <b>700</b> |
| FAIR POLITICAL PRACTICES COMMISSION |            |
| Name<br><u>Richard S. Gordon</u>    |            |

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

|  |  |
|--|--|
| <p>► NAME OF SOURCE<br/><u>CA Found. on the Environment and the Economy</u></p> <p>ADDRESS (Business Address Acceptable)<br/><u>Pier 35, Suite 202</u></p> <p>CITY AND STATE<br/><u>San Francisco, CA 94133</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br/><u>Nonprofit 501(c) (3) organization</u></p> <p>DATE(S): <u>3 / 3 / 11</u> - <u>3 / 4 / 11</u> AMT: \$ <u>\$416.58</u><br/>(If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Participate/Speak at Water Roundtable Conference</u></p> | <p>► NAME OF SOURCE<br/><u>Jewish Community Relations Council of S.F.</u></p> <p>ADDRESS (Business Address Acceptable)<br/><u>121 Steuart Street, Suite 301</u></p> <p>CITY AND STATE<br/><u>San Francisco, CA 94105</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br/><u>Nonprofit 501 (c) (3) organization</u></p> <p>DATE(S): <u>12 / 11 / 11</u> - <u>12 / 19 / 11</u> AMT: \$ <u>\$5,550.94</u><br/>(If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>State Assembly study tour of Israel*</u></p> |
| <p>► NAME OF SOURCE<br/><u>CA Found. on the Environment and the Economy</u></p> <p>ADDRESS (Business Address Acceptable)<br/><u>Pier 35, Suite 202</u></p> <p>CITY AND STATE<br/><u>San Francisco, CA 94133</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br/><u>Nonprofit 501(c) (3) organization</u></p> <p>DATE(S): <u>12 / 9 / 11</u> - <u>12 / 10 / 11</u> AMT: \$ <u>\$419.22</u><br/>(If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Participate/Speak at Energy Roundtable Summit</u></p> | <p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____<br/>(If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>   |

Comments: \*In connection with public policy meetings with foreign dignitaries and international government relations  
--gift limits do not apply to pursuant to Gov't Code section 89506